

Abstract 230

TITLE: Meta-analysis of methodologies used in assessing Needle Exchange Programs (NEPs)

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ISSUE: Supporters and detractors of needle exchange programs (NEPS) rely on scientific evaluation of programs in order to develop their claims and provide evidence of their perspective. Both supporters and detractors have called for further multiphased project began by thoroughly examining pervious quantitative, qualitative and biomedical methods used in evaluating the following question: Are NEP programs effective in reaching their intended goals? (e.g., increasing needle exchange, decreasing HIV riskier behavior, decreasing HIV sereconversion and seropervallence, decreasing drug injection use among participants, and providing referrals to drug treatment programs)

SETTING: We are presently developing an evaluation protocol to assess a new needle exchange program in Indianapolis, IN. The NEP will be a comprehensive service program.

PROJECT: The protocol will employ a multimethodological technique by triangulating qualitative, quantitative, and biomedical data over several stages of time. Control groups are being proposed as a means of developing adequate comparison groups for assessing longitudinal data. In order to accomplish design of such a comprehensive protocol it was first necessary to prepare an extensive review and analysis of all methodological techniques previously and presently in use in examining NEs.

RESULTS: We examined a variety of methods: needle tracking, quantitative surveys, qualitative interviews (both formal and informal), various HIV testing methods, DNA testing, and a variety of factors involved in street ethnography. Overall, we explored a sampling of 50 articles from national and international medical and psychosocial journals. Each methodological approach had numerous limitations. For example some of the limitations we found included: (1) a need for larger sample sizes and better sampling methods, (2) significant constraints on randomization, (3) time scales for research are too short, (4) risk behavior may change due to confounding influences (e.g., media campaigns), (5) lack of comparative intercultural and/or geographic studies and (6) appropriate ethical barriers exist in using experimental control groups.

LESSONS LEARNED: We learned that there are limitations for every methodology employed in assessing NJZPS. Therefore, we developed our evaluation protocol to address these limitations. We also notice that the majority of studies only used two methods (e.g., biomedical testing and quantitative surveys). We recommend that future evaluations, therefore, design and implement a triangulation of three methods as we have, in order to increase the studies reliability and validity.

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